

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

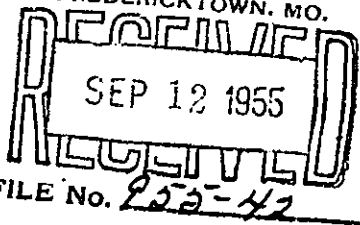
State File No. 26970

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>006</u>		PRIMARY REG. DIST. NO. <u>2042</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>				c. CITY OR TOWN <u>Fredericktown</u>		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>18 yrs.</u>				e. STREET ADDRESS (If rural, give location) <u>302 South Main St.</u> <u>06210</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 South Main St.</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Richard</u>		b. (Middle) <u>Oscar</u>		c. (Last) <u>Whiteaker</u>	
4. DATE OF DEATH		(Month) <u>Aug.</u>		(Day) <u>31,</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 2, 1914</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dental</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Campbell, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert A. Whiteaker</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Spiller</u>		14. NAME OF HUSBAND OR WIFE <u>Maxine E. Whiteaker</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maxine Whiteaker, Fredericktown, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4201</u> DUE TO (c) <u></u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/31/55</u> , to <u>7/15/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/31/55</u> , 19 <u>55</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Maura Grooman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>9/1/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/2/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-6-1955</u>		REGISTRAR'S SIGNATURE <u>Herence Pickett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Najim Funeral Home, Fredericktown, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



SEP 16 1955

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, or by ....., ~~Student Embalmer No.~~ .....

~~working under my personal supervision.~~

Student.....  
Signature of Student-Embalmer

Signed *Sam Dajim, Jr.* .....

Licensed Embalmer No. *4294*

P. O. Address *Fredericktown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.